

AD2000000804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

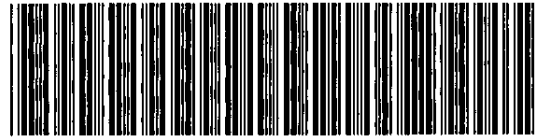
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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17 APR 21 AM 9:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S Warren

APR 24 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TRUST MANAGEMENT RESOURCES, LTD.  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Robert H. Stern, President/CEO  
(Contact Person)

Best Web Resources, Inc.  
(Firm/Company)

10637 N. Kendall Drive, Suite 7-E  
(Address)

Miami, FL 33176  
(City, State and Zip Code)

For further information concerning this matter, please call:

Robert H. Stern at ( 786 ) 622-2378  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$52.50 Filing Fee | <input checked="" type="checkbox"/> \$61.25 Filing Fee<br>and Certificate of<br>Status | <input type="checkbox"/> \$105.00 Filing Fee<br>and Certified Copy | <input type="checkbox"/> \$113.75 Filing Fee,<br>Certified Copy, and<br>Certificate of Status |
|---|--|--|---|

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**CERTIFICATE OF DISSOLUTION  
FOR**

**TRUST MANAGEMENT RESOURCES, LTD.**

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 06/07/2002, assigned Florida document number A02000000804, hereby submits this Certificate of Dissolution.

**FIRST:** Reason for dissolution: (State why partnership is submitting dissolution)

All assets sold; business closed.

**SECOND:** ☒ A Notice of Dissolution is attached.  
(Check box if attached.)

**THIRD:** Effective date, if other than the date of filing: (DATE OF FILING)

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signatures of each general partner or the person appointed pursuant to s. 620.1303(3) or (4), F.S.:

[Signature]  
Pres. or cont. Gen'l. Partner

[Signature]  
[Signature]  
[Signature]

Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

**FILED**  
**17 APR 21 AM 9:10**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NOTICE OF DISSOLUTION  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR LIMITED LIABILITY LIMITED PARTNERSHIP**

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "*Notice of Dissolution*" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:

TRUST MANAGEMENT RESOURCES, LTD.

Description of information that must be included in a claim:

Detailed description, date, dollar amount, and authorization of services rendered and/or materials

sold; address where such services or materials were provided; name of tradesperson/s, driver/s,

and/or laborers who provided such services or materials; and assertion that such claims have

never been paid.

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)

c/o Judd A. Aronowitz, Esq.

1541 Sunset Drive, Suite 201

Coral Gables, FL 33143

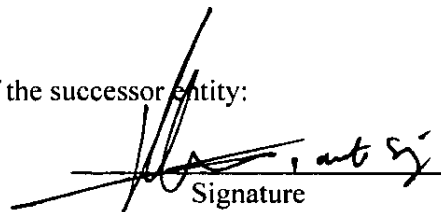
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TALLAHASSEE, FLORIDA

A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

Signature of a general partner or a principal of the successor entity:

Robert H. Stern, Pres. of Corp. Gen'l Partner

Printed Name

  
Signature

**Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.**